

**HEALTH CARE FOR PEOPLE OF COLOR
FINAL REPORT
2006**



KENT COUNTY HEALTH DEPARTMENT

TASK FORCE ON HEALTH CARE FOR PEOPLE OF COLOR

MISSION AND CHARGE:

The Task Force on Health Care for People of Color was established in June 2001 by the Kent County Board of Commissioners with the following mission and charge:

To examine the issue of health care for people of color, determine what the County is doing to resolve existing barriers, and develop proposals for County action.

Individuals who participated in Task Force meetings included:

Nora Barkey	Paul Doyle	Pat Mathis	Chris Shea
Lou Barnes III	Beverly Drake	Walter Mathis, Sr.	Maureen Street, MD
Tina Barnikow	Margo Duncan	Whitney Mauer	Mary Swanson
Wanda Bierman	Lennox Forrest	Virginia Morales	Barbara Terry
Tim Bolen	Barbara Hawkins-Palmer	Khan Nedd, MD	Carol VanderWal
Julie Bonewell	Debra Holmes-Garrison	Jackie O'Conner	Sandy Walls
Walter Brame	Bonnie Huntley	Roberta Peacock	Terri Weekley
LaDeidra Brown-Gais	Jesus Jaime	Penny Pestle	James Williamson
Rhondo Cooper	Anthony King	Cathy Raevsky	Chuck Zech
Teresa Cruz	Ruth Lumpkins	Shirley Rapier	Lody Zwarensteyn
Frances Dalton	Frank Lynn	Khalil Rashid	Andrew Zylstra
Mary Dengerink	Bradford Mathis	Almira Rojas-Barker	

Task Force Program Coordinator: Teresa Branson, Kent County Health Department.

BACKGROUND

The Task Force met three times during the summer of 2001. Two meetings were devoted to reviewing data on the disparities in health outcomes for people of color in the community. The third meeting was a facilitated “brainstorming” session that focused on perceived barriers and ideas to address them. At the end of the summer, a smaller committee convened and separated the ideas into five categories: Access to Health Services, Cultural Sensitivity and Healing Racism, Education and Information, Prevention, and Policy. Specific recommendations in each of the categories were developed and brought back to the larger group for review and discussion.

The Task Force emphasized that the County should use its resources to support or supplement the efforts of others, rather than create new or duplicative structures. The Task Force recommended that the County solicit proposals from organizations within the community and include coordination plans as part of the selection criteria. The Task Force encouraged the County to develop evaluation measures for each of the recommendations to allow their effectiveness and impact to be monitored. Finally, the Task Force stressed that the County should assign an individual whose sole responsibility it would be to implement the recommendations of the Task Force.

The main purpose of the Task Force on Health Care for People of Color was to improve access to health care services for minority populations in Kent County who are disproportionately affected by chronic disease and illness. This is primarily due to the following:

- Unequal treatment.
- Poverty.
- Lack of insurance.
- Stereotyping.
- Communication barriers.
- Frequency of care.
- Access to care.

A full copy of the Task Force on Health Care for People of Color report and recommendations is available at: www.accesskent.com/YourGovernment/Publications.

TASK FORCE RECOMMENDATIONS

The Task Force's recommendations are divided into the following five categories with seven specific recommendations.

1. ACCESS TO HEALTH SERVICES

- a. Challenge the public and private clinics to collectively address the various health care system improvement projects identified by the Task Force to develop partnerships for better service.
- b. Design, develop and implement a health care transportation resource directory and coordination project.
- c. Support community efforts to establish health care coverage for low-income persons.

2. CULTURAL SENSITIVITY AND HEALING RACISM

- a. Create a system of health care that addresses racism and promotes cultural sensitivity to people of color through the implementation of trainings targeting medical personnel and staff in health care settings.

3. PREVENTION

- a. Design, develop and implement a public information campaign promoting education about minority health, prevention, and access issues.

4. EDUCATION & INFORMATION

- a. Work with United Way's First Call for Help/211 to develop a single point of access for the public to obtain basic health information and referrals.

5. POLICY

- a. Assign ownership and follow-up on Task Force recommendations and issues to an individual who will have the responsibility as a priority of their job description to carry out the recommendations.

FROM DISCUSSION TO ACTION

The following is an overview of the Task Force on Health Care for People of Color recommendations that were implemented in Kent County between October 21, 2002 and October 15, 2005. This overview also includes achievements and progress.

1. ACCESS TO HEALTH SERVICES

- a. Challenge the public and private clinics to collectively address the various health care system improvement projects identified by the Task Force and to develop partnerships for better service.**

The Task Force identified four separate projects for the Clinic Consortium to complete:

- Improve efficiency of the medical data collection and management system by providing a technology connection between the health department and the clinics.
- Develop a plan to share free or donated pharmaceuticals.
- Improve medical coverage.
- Develop a system of screenings with non-traditional hours.

The initial charge was to bring together four clinics to complete these projects. The Clinic Consortium was established in 2002 with eight clinics and expanded to a total of 23 clinics by the end of 2005. These public and private facilities entered into a multi-year agreement to improve service delivery. The consortium includes the following clinics:

Baxter Wholistic Health Clinic	Saint Mary's Health Care
Cherry Street Health Center	Heartside Health Center
Belknapp Commons Health Center	McAuley Health Center
Burton Health Center	Browning Claytor Health Center
Ferguson Adult Health Center	Clinica Santa Maria
Ferguson Dental Health Center	Catherine's Care Center Pediatrics
Grand Rapids Pediatrics	The Salvation Army Booth Clinic
Sparta Health Center	Westside Health Center
Wege Center for Diabetes & Endocrinology	Union High School Health Center
Wege Family Practice/ Internal Medicine	Health Intervention Services
Spectrum Health Internal Medicine/ Residency Practice	Metro Health Breton Health Center
	Spectrum Health Healthier Communities

These clinics represent 40 physicians, 60 residents, and 15 mid-level providers serving over 56,000 patients. The Clinic Consortium decided to improve the medical data collection system by establishing a common data set. This data would be submitted electronically to the health department to map clinic catchment areas and identify underrepresented geographical areas within the county. The common data set would include client demographics, total medical encounters, and payer mix.

The mapping project has been one of the most challenging yet interesting projects that the Clinic Consortium has tackled. Some clinics were still entirely reliant upon paper systems and many were not capturing information related to race/ethnicity. The entire mapping project is included as Attachment A, but the major findings were as follows:

- Clinics draw the greatest number of clients from the neighborhoods closest to the clinic.
- Northern Kent County residents are under-represented at the 23 community health centers in the study.
- Clients will bypass the clinic closest to their home to attend another clinic.
- The largest portion of minorities who are underserved by the community clinics live south of 28th Street.
- The community clinic catchment area includes 60% of Kent County's low-income population and 74% of Kent County's minority population.

The clinic mapping project is an on-going project that the clinics plan to utilize as they consider expansion needs in the future.

The second Clinic Consortium project was to develop a plan to share free or donated pharmaceuticals as a way to improve access to needed medications. Clinics receive donated or free sample medications from pharmaceutical companies. Data was gathered on the amount, type, and distribution system for these pharmaceuticals to figure out how best they could be shared. While this distribution system was being finalized, Cherry Street Health Services was awarded a federal grant which included implementing a distribution system for donated/free pharmaceuticals. The Clinic Consortium chose to combine their efforts with that of Cherry Street Health Services in order to better leverage resources.

In 2003, the Kent Health Plan Corporation, with resources from the Cherry Street Health Services grant, began the Kent Health Plan-Medication Assistance Program (KHP-MAP). KHP-MAP has an advisory group that includes representatives from the Clinic Consortium. The program was expanded beyond donated/free pharmaceuticals to include an entire formulary of prescription medications. The cost is \$5 per prescription for generic drugs and \$10 for brand-name drugs. Individuals must be residents of Kent County and meet income requirements to qualify. As of November 1, 2005 there were seventeen enrollment sites set up and 404 clients enrolled receiving 2800 medications. An additional 877 clients have been triaged to other prescription assistance programs.

The third Clinic Consortium project was to work to improve medical coverage. The consortium was wrestling with this issue when Spectrum Health began investigating a program called Project Access out of Buncomb County, North Carolina. The interest in this program was such that the Kent County Medical Society/Kent Osteopathic Association (KCMS/KCOA) agreed to replicate Project Access in Kent County.

Project Access is a system of health care for the uninsured in which the administrative burden is eliminated, the number of non-paying clients seen by any given physician is

limited, and specialist care is easily accessed and managed centrally. There are currently 262 primary care physicians and 145 specialists in Kent County that have agreed to participate. To date, 124 patients have been enrolled and over 110 referrals made to specialists. An additional 250 people have been triaged to other health care programs. The contributions of care have exceeded \$282,000 since April 2005. Local hospitals have provided free diagnostic tests, surgeries and hospital stays.

The fourth Clinic Consortium project was to provide screening for diabetes. The objective was to screen enough people to reach at least 100 people who had never been screened in the past and to ensure people with positive results received follow-up care.

A screening protocol, data collection form, database for tracking outcomes, and a risk assessment (Attachment B) called “Take the Test, Know Your Score” were developed. The risk assessment tool was also translated into Spanish. All participating clinics were given free test strips, glucometers, forms, resource lists, and risk reduction information for distribution. Clinics were responsible for providing the follow-up care to individuals identified with type 2 diabetes.

The clinics did not know how many cases of undetected diabetes there might be in the community. They wanted to be sure they could provide the follow-up care needed. They decided to screen their own clinical populations first before moving out into the broader community.

Changing their own internal guidelines resulted in the screening of 383 patients since February 2005. None of these patients had ever been screened before, which has greatly exceeded expectations. Four previously undiagnosed diabetics were found and 77 individuals considered to be at high risk for diabetes were referred for follow-up.

b. Design, develop and implement a health care transportation resource directory and coordination project

One of the health care barriers to underserved populations in Kent County is not having access to transportation. The first transportation project identified by the Task Force was the development of a health care transportation resource directory which is included as Attachment C. The purpose of the directory was to assist individuals in accessing medical transportation information and services.

Information on service descriptions, eligibility criteria, application processes, and fees were requested from all medical transportation providers in Kent County. The data was compiled and over 1,500 copies of the directory were distributed to health and human service agencies. The directory was also made available on the web at: www.accesskent.com/Health/HealthDepartment/Publications.

In addition to developing the directory, the Task Force recommended that a single point of access for medical transportation be explored. While the directory was being completed, other groups concerned with transportation issues approached the Emergency

Needs Task Force (ENTF) and asked if a Transportation Committee could be formed. The Task Force program coordinator joined the ENTF Transportation Committee and together they began to work on a single point of access transportation project.

The Kent County Health Department, The Rapid, and Hope Network provided the funding and a request for proposal (RFP) was used to identify a qualified organization to develop an implementation plan. AJM Consulting out of Taylor Mill, Kentucky was selected. The ENTF Transportation Committee functioned as the local advisory group.

AJM Consulting completed the development of a centralized reservation and scheduling system for transportation. The Executive Summary of that plan is included as Attachment D and the full text is available at www.accesskent.com/Health. The Rapid agreed to serve as the single point of access. Phase one will launch in May 2006, targeting seniors and utilizing senior millage funds to pay for the trips. Funds from the Kent County Health Department and the United Way will cover start up costs. Phase two will expand the project to other groups utilizing existing transportation resources.

c. Support community efforts to establish health care coverage for low-income persons.

The recommendation to support community efforts was made with the Medicaid Outreach and Kent Health Plan enrollments in mind. Soon after this initiative started, the State eliminated the Medicaid Outreach program and the Kent Health Plan temporarily suspended enrollments. This recommendation was tabled pending new opportunities.

2. CULTURAL SENSITIVITY AND HEALING RACISM

a. Develop an educational tool specifically for medical personnel and create a vehicle to disseminate it and engage participation.

The purpose of this recommendation was to address the issue of racism and promote cultural sensitivity through the implementation of training for medical personnel. The Kent County Health Department used an RFP process to select a vendor and the Woodrick Institute for the Study of Racism & Diversity at Aquinas College was selected.

The training curriculum gives participants greater awareness, knowledge and skills to provide culturally competent health care. The training consists of five (3 hour) modules for a total of 15 hours of training.

Three areas that the Task Force emphasized included:

- Ensuring a significant minority involvement in material development.
- Including a train-the-trainer component.
- Including a mechanism to evaluate the effectiveness of the training.

Two groups were convened to ensure minority involvement. One selected the vendor and the other reviewed the curriculum and provided feedback. To date, seven individuals

have been trained as trainers. Four training evaluation tools have been developed including satisfaction surveys, pre/post test training evaluations, and individual/organizational cultural competency assessments.

Written reports of all evaluation summaries will be provided to the Health Department upon completion of the training contract in May 2006.

To date the Kent County Health Department has:

- Completed a directory of translation/interpreter services.
- Delivered 8 series of trainings (5 sessions each).
- Scheduled 4 additional series between January and May 2006.
- Reached 787 professionals representing 37 agencies.
- Awarded 122 nursing Continuing Education Units.
- Made the curriculum available to other jurisdictions statewide through the Michigan Association of Local Public Health (MALPH).

3. PREVENTION

a. **Design, develop and implement a public information campaign focusing on education about minority health, prevention promotion, and access issues**

The Task Force emphasized that a minority health public information campaign was needed that would:

- Include both high profile one-time event(s) and on-going, recurring processes.
- Be multilingual and multicultural.
- Use an RFP process to identify a qualified vendor to develop the campaign.
- Ensure significant minority involvement and input.
- Consider non-traditional advertising vehicles.

A multilingual and multicultural team was convened to review proposals and select a vendor. Cynthia Kay & Company (CK & Co) was selected for the development and delivery of the campaign. Throughout the planning process, CK & Co engaged minorities, community organizations, clinic managers, clients in waiting rooms, and others in the community about their personal health and perceptions of care. A community-wide health care campaign is scheduled to launch February 1, 2006 entitled *Take Care, Get Care*. The campaign encourages better health for people of color with an underlying message that you can't take your health for granted. The overall objectives for this campaign are to encourage a greater sense of personal responsibility for one's health, accessing healthcare services more often, and talking about health concerns with physicians.

To date, all of the contract deliverables are complete and include:

- Bus advertisements on The Rapid (see Attachment E).
- Radio and television public service announcements.

- Video presentations featuring one of each of the three targeted minority groups which can be shown in clinic lobbies and at other events (see Attachment F).
- A website to provide collaborative marketing tools to facilitate a grass-roots movement.
- Campaign materials translated in Spanish.
- Clinic or community posters to display upcoming health events/screenings.

4. EDUCATION & INFORMATION

- a. Work with United Way's First Call for Help/211 program to include preventive and primary health care information within its information and referral program.**

The First Call for Help/211 system is the central call point for programs and services in Kent County. The Task Force wanted the coordinator to work with the First Call for Help/211 system to:

- Develop appropriate information for First Call for Help/211.
- Encourage multilingual capacity at First Call for Help/211.
- Ensure information is updated and disseminated to all human service organizations.
- Promote First Call for Help/211 as a referral resource for human services case managers and community workers.

To date, First Call for Help/211 staff has been provided with the most up to date information on health care transportation, medication assistance programs, and pregnancy resources. First Call for Help/211 has in turn shared reports on the number of calls received requesting information on medical transportation and prescription assistance (see Attachment G). This shared information has been mutually beneficial in planning.

Plans are ongoing to work with First Call for Help/211 to enhance its capacity to disseminate health related information and provide non-emergency medical referrals.

5. POLICY

- a. Assign ownership and follow-up on Task Force recommendations and issues to an individual who will have the responsibility as a priority of their job description, not as an add-on to carry out the recommendations.**

The Task Force recommended that an individual be hired to carry out the six recommendations and promote them through the regular course of County operations and interactions. This was accomplished with the hiring of Teresa Branson on October 21, 2002, who has been the primary point person for the County on this project.

This document serves as a three year report to the County Commissioners, Task Force participants, and the community on the progress made through October 2005.

Copies of this publication are available on the world wide web at:

www.accesskent.com/health

More information on the Task Force on Health Care for People of Color programs can be obtained by contacting:

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